

RHODE ISLAND LOTTERY COMMISSION

APPLICATION FOR LOTTERY SALES AGENT LICENSE

IF YOU HAVE ANY QUESTIONS CONCERNING THIS APPLICATION, TELEPHONE THE LOTTERY OFFICE
1425 PONTIAC AVENUE, CRANSTON RI 02920 401-463-6500

I. FOR LOTTERY USE ONLY

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Agent

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Route & Stop

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Allocation

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Date Activated

II PLEASE PRINT: LINES A, B, and C must indicate the location in which lottery tickets are sold. Do not use home office address if different from selling location.

INCORPORATED Yes _____ No _____

a. BUSINESS NAME _____

b. STREET ADDRESS _____

c. CITY/TOWN _____ ZIP CODE _____

d. BUSINESS PHONE _____

- ☐ LIQUOR STORE
☐ CONVENIENCE STORE
☐ TAVERN/RESTAURANT
☐ OTHER _____

☐ SUPERMARKET
☐ GAS/CONVENIENCE
☐ DRUG STORE

YES ☐ NO ☐ COPY OF BUSINESS LICENSE

YES ☐ NO ☐ LOCAL CITY OR TOWN CLERK

FOR LOTTERY USE ONLY

III COMPLETE OWNER INFORMATION:

OWNER'S NAME _____ HOME ADDRESS _____

CITY/TOWN, ZIP _____ DATE OF BIRTH: _____

HOME PHONE () _____ SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

IV LIST NAMES, HOME ADDRESSES, AND BIRTH DATES OF PARTNERS, MANAGERS, OR PRINCIPAL OFFICERS (If corporation)

MANAGER'S NAME _____ ADDRESS _____ DOB ____/____/____

NAME _____ ADDRESS _____ DOB ____/____/____

BUSINESS HOURS:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

V LIST NAMES AND ADDRESS OF TWO (2) BUSINESS REFERENCES.

1 _____

2 _____

VI IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES", ATTACH A SEPARATE SHEET OF PAPER WITH COMPLETE DETAILS.

- a. EVER FILED BANKRUPTCY IN ANY STATE?

b. BEEN DELINQUENT OF TAXES IN ANY STATE?

c. BEEN SUED WITH JUDGEMENT RESULTING IN CURRENT OUTSTANDING CLAIMS IN ANY STATE?

d. EVER OPERATED UNDER DIFFERENT BUSINESS NAME?

e. BEEN SUBJECT OF STATE OR FEDERAL CRIMINAL INVESTIGATION OR BACKGROUND INVESTIGATION?

f. BEEN DENIED LOTTERY/GAMING LICENSE IN ANY STATE OR PROVINCE?

g. HAVE FINANCIAL INTEREST IN A COMPANY RELATED TO GAMING/RACING OR LOTTERY OTHER THAN THIS BUSINESS?

h. HOLD LOTTERY/GAMING LICENSE IN OTHER STATES?

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

I HEREBY CERTIFY that there are no misrepresentations or falsifications in the information stated in this application. I am aware that false or misleading statements will be cause for rejection or revocation of Sales Agent's License, and I agree to the conditions for licensing printed on the reverse side of this application. Knowledge that any knowingly false statement contained herein will constitute submission of a false document to a state agency is a violation of the Rhode Island criminal statute 11-18-1.

SWORN AND SUBSCRIBED TO BEFORE ME, THIS

_____ DAY OF _____ A.D. 20____

SIGNATURE OF
NOTARY PUBLIC _____

SIGNATURE OF APPLICANT IN INK

PRINT OR TYPE NAME

CONDITIONS FOR LICENSING

1. The applicant for a lottery sales agent license agrees to be bound by and comply with the rules, regulations and instructions promulgated heretofore or hereafter by the Rhode Island Lottery Commission if such license is issued.
2. The applicant agrees to make available for sales to the public valid lottery tickets during normal business hours.
3. The applicant agrees to maintain authorized displays, notices, drop boxes and other material used in conjunction with lottery ticket sales in accordance with instructions issued by the Rhode Island Lottery Commission.
4. The applicant agrees that all lottery tickets accepted from the Rhode Island Lottery Commission or its distributor or safekeeping depository, are deemed to have been purchased by the applicant and the price paid therefor as directed by the Rhode Island Lottery Commission less the appropriate commission discount, if any, unless unsold tickets are returned to the authorized distributor or safekeeping depository on or before the stated deadline.
5. The applicant agrees to maintain current and accurate records of all operations in conjunction with lottery ticket sales in conformity with the rules, regulations and instruction promulgated or issued heretofore or hereafter by the Rhode Island Lottery Commission.
6. The applicant agrees to make available to representatives of the Rhode Island Lottery Commission upon their request, for inspection and audit, those records he shall be required to maintain. Agent also agrees to (ETF) Electronic Transfer of Funds.
7. The applicant agrees that the license issued hereunder may be revoked, suspended or its renewal rejected for any or all of the following reason, but not necessarily limited thereto:
 - (a) Whenever the applicant knowingly uses false or misleading information in obtaining a license.
 - (b) Whenever the applicant violates any of the provisions of the Rhode Island Lottery Law or any rules, regulations or instruction promulgated or issued thereunder by the Rhode Island Lottery Commission.
 - (c) Whenever it is determined by the Lottery Director that the applicant fails to meet minimum sales or volume requirements considering the marketing locale of the applicant.
8. It is agreed by the applicant that he shall hold the Rhode Island Lottery Commission harmless from any liability arising in connection with operating and conducting lottery ticket sales, if a license is issued.
9. It is understood and agreed by the applicant that the license issued hereunder shall expire within one year from the date of its issuance. It is further understood and agreed by the applicant that he shall not conduct any business or hold himself out as a lottery sales agent unless a renewal license is timely granted.

ANTI-DISCRIMINATION CLAUSE

Rhode Island Lottery agrees to comply with Title VII of the Civil Rights Act of 1964, RI Executive Order No. 19, Section 504 of the Rehabilitation Act of 1973 and all applicable state and federal laws. No person shall on the basis of race, color, creed, sex, and physical/mental handicap, age, or national origin, be excluded from participation in or be denied the benefits of or be subject to discrimination under this program.

WAIVER FORM

I, _____,

(PLEASE PRINT OR TYPE FULL LEGAL NAME)

hereby authorize the Rhode Island Lottery to conduct an investigation into my personal, business financial affairs and background using whatever legal means it deems appropriate.

As a condition of this application, I authorize the Rhode Island Lottery to seek information in confidence from financial institutions, governmental authorities, public lotteries and their governing bodies, individuals and police agencies. No person supplying information to the Rhode Island Lottery shall be liable on account of supplying the information regardless of the accuracy of it, provided that the information was requested by the Rhode Island Lottery and was not known to be false at the time it was provided.

I understand that by signing this authorization, a criminal records check will be performed. I further understand that the criminal history files contain records of arrest which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges or charges that resulted in a finding of not guilty). I further understand that the information may contain listings of charges that resulted in a suspended sentence. I hereby authorize the release of this type of information.

The Rhode Island Lottery reserves the right to investigate and compile all relevant information and facts to its satisfaction.

It is hereby understood that the Rhode Island Lottery will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Rhode Island Lottery, its director, commission officers, employees, agents and authorized representatives shall not be liable for inaccurate information if a good faith effort has been made to verify and substantiate all information and facts.

I hereby authorize the Rhode Island Lottery to release all information gathered to any state or provincial lottery or to any criminal justice agency conducting an investigation of my background.

FULL LEGAL NAME

BIRTH DATE - M/D/Y

STREET

CITY

STATE & ZIP

SIGNATURE OF APPLICANT

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY _____

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CHARGES

(1) _____, hereinafter called CUSTOMER, hereby authorizes and requests RHODE ISLAND LOTTERY, hereinafter called COMPANY, to effect payment for any amounts owing by Customer to Company as such amounts become due by initiating debt entries to CUSTOMER'S business account indicated below in the bank names below, hereinafter called BANK, and CUSTOMER authorizes and requests BANK to accept any debit entries initiated by COMPANY to such account and to debit the same to such account without responsibility for the correctness thereof.

(2) BANK NAME: _____

BANK ADDRESS: _____
(City) (State)

CUSTOMER (DEPOSITOR) ACCOUNT #: _____

(3) CUSTOMER NAME(S): _____
(Please Print)

SIGNED: _____ DATE: _____

TITLE: _____

(4) attach voided check here:

Instructions:

- (1) complete agent business name
- (2) complete bank information
- (3) Fill in agent name authorized to sign checks
- (4) Attach a voided check

TO BE COMPLETED BY THE LOTTERY

COMPANY TAX ID #: 05-0370882

CUSTOMER ACCOUNT INFORMATION:

transit routing number _____

account number _____

**Request for Taxpayer
Identification Number and Certification**Give form to the
requester. Do NOT
send to the IRS.Please
print
or
type

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)

Business name (Sole proprietors see instructions on page 2.)

Please check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

RHODE ISLAND LOTTERY
1425 PONTIAC AVENUE
CRANSTON, RI 02920

City, state, and ZIP code

Part I Taxpayer Identification Number (TIN)Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** below.

Social security number

OR

Employer identification number

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

List account number(s) here (optional)

**Part II For Payees Exempt From Backup
Withholding (See Part II
Instructions on page 2)****Part III Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.— You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Part III instructions on page 2.)Sign
here

Signature ▶

Date ▶

For Paperwork Reduction Act Notice, see separate instructions.

Form **W-9** (Rev. 3-94)

Department of Business Regulations Legal Counsel

Date _____ Spoke To _____

Comments _____

Motor Vehicles Inspection Division

Date _____ Spoke To _____

Comments _____

Secretary of State for Corporations

Date _____ Spoke To _____

Comments _____

Other _____

Date _____ Spoke To _____

Comments _____